

## **NIOSH Fatigue Prevention Training Module Customer Satisfaction and Feedback Survey**

### **Why the survey?**

As part of your training, your employer incorporated a new fatigue prevention training module developed by the National Institute for Occupational Safety and Health (NIOSH) specifically for pilots in Alaska. As the first pilots to receive this training, we would like your help in evaluating the material. While this survey is completely voluntary and anonymous, your feedback is essential to help NIOSH understand if this training meets your needs. Your instructor will allow you 15 minutes for completion of this survey. At the end that time, we ask that you insert the survey into the envelope provided by your instructor, whether you choose to complete the survey or not. Feedback from pilots, like you, is critical to our success in developing relevant, interesting, and useful training products. Results will be used to improve the training module before it is distributed to other trainers and pilots. Please tear off this cover sheet if you would like a copy of this survey description or our contact information listed on the back of this page.

We thank you, in advance, for your consideration!

Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333.

## **CONTACT INFORMATION**

For questions about this survey, please contact Christy Forrester at [cff6@cdc.gov](mailto:cff6@cdc.gov) or 202-245-0687. For questions about your rights, your privacy, or harm to you, contact the Director of Human Research Protections, Mark Toraason at [mtoraason@cdc.gov](mailto:mtoraason@cdc.gov) or 513-533-8591.

**YOUR THOUGHTS ON THE FATIGUE TRAINING**

1. Please circle the number that best indicates how much you agree with each statement **BEFORE** participating in the fatigue training **and AFTER** participating in the fatigue training.

**1 = Strongly Disagree; 2 = Somewhat Disagree; 3 = Somewhat Agree; 4 = Strongly Agree**

	<b>BEFORE</b> the fatigue training					<b>AFTER</b> the fatigue training			
A. It is important to manage fatigue.	1	2	3	4		1	2	3	4
B. It is important to avoid fatigue while on duty in my line of work.	1	2	3	4		1	2	3	4
C. I know how to recognize fatigue in myself.	1	2	3	4		1	2	3	4
D. I know how prevent fatigue in myself.	1	2	3	4		1	2	3	4
E. I know how to recognize fatigue in others.	1	2	3	4		1	2	3	4
F. I know how to help others prevent fatigue.	1	2	3	4		1	2	3	4
G. I can successfully manage fatigue while ON duty.	1	2	3	4		1	2	3	4
H. I can successfully manage fatigue while OFF duty, but not at home (such as, when living at a pilot house and not working).	1	2	3	4		1	2	3	4
I. I can successfully manage fatigue while OFF duty.	1	2	3	4		1	2	3	4
J. I am motivated to avoid feeling fatigued.	1	2	3	4		1	2	3	4
K. I am committed to managing fatigue.	1	2	3	4		1	2	3	4

2. How pertinent was the fatigue training to your work as a pilot?

- Very pertinent  
 Somewhat pertinent  
 A little pertinent  
 Not at all pertinent

3. To what extent did the fatigue training provide strategies that you can use to successfully manage fatigue?

- A lot  
 Some  
 Very little  
 Not at all

4. To what extent did the fatigue training provide knowledge that will help you to accomplish your job safely?

- A lot  
 Some  
 Very little  
 Not at all

5. To what extent did the fatigue training provide information that you can use to improve your quality of life?
- A lot
  - Some
  - Very little
  - Not at all

6. Based on the material covered in the fatigue training, how conducive is your **work** environment to preventing fatigue?
- Very conducive
  - Somewhat conducive
  - A little conducive
  - Not at all conducive

**Please explain or provide examples:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Please complete the following sentence. The amount of information covered in the fatigue training module was \_\_\_\_\_ .
- Too much
  - Just right
  - Too little

8. Is there anything that you feel the fatigue training should have addressed, but did not?

Yes – please explain or provide examples. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

No

9. To what extent did you learn **new** information about fatigue, fatigue management, or fatigue prevention during the training?
- A lot
  - Some
  - Very little
  - Not at all

**Please explain or provide examples:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Based on the fatigue training, do you plan to do anything differently to **prevent** fatigue?

- Yes – please explain or provide examples. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- No – please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Based on the fatigue training, do you plan to do anything differently to **manage** fatigue?

- Yes – please explain or provide examples. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- No – please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. What was the **most** useful or interesting part of the fatigue training?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. What was the **least** useful or interesting part of the fatigue training?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Overall, how would you rate the fatigue training?

- Excellent
- Very good
- Fair
- Poor

15. Do you have any additional suggestions for how NIOSH might improve the fatigue training? (please explain)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **SOME FACTS ABOUT YOU**

16. How long have you been employed as a pilot? \_\_\_\_\_ Years

17. How many hours of flight time do you have in Alaska? \_\_\_\_\_ Hours

18. What is your primary city and state of residence? City: \_\_\_\_\_ State: \_\_\_\_\_

19. What is your age? \_\_\_\_\_ Years old